

FOOD STAMP PROGRAM

STATEMENT OF COUNTY PROSECUTOR'S EXPENDITURES

/\ / SERVICES		For			Month, 20				
		COMPLETED I	BY PRO	SECUTING	ATTORNEY				
	Number of Rate B			= \$					_
	Number of Rate	e C	X \$	i		= \$			
	Number of Rate	: D	_ X\$			= \$			-
Total cases		-	_	Total amount du		 e: \$			-
			_						-
DATE OF	Γ								
FINAL CASE DISPOSITION	DATE BILLED	DEFENDANT NAME		NO DSHS MATCH	RAT PROSECUTOR	ES DSHS	APPRO YES	OVED NO	50% AMOUNT
Total cases disallowed: COMPLETED B				Total reconciled amount: \$					
				YSTATEOR	-FICE				
Total Rate B allowed X\$					= \$			<u>-</u>	
Total Rate C allowed X S			X \$	-		= \$			_
Total Rate D allowed			X \$			= \$			
Total cases			_	7	Total amount du	e: \$			-
			_						-